## ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



W-04161A
White Horse Ranch Owners Association, Inc.
PO Box 10516- 6-70
Prescott, AZ 86304 Devey . 86227

## ANNUAL REPORT

FOR YEAR ENDING

12 31 2006

FOR COMMISSION USE

ANN 04

06

PROCESSED BY:

SCANNED

## **COMPANY INFORMATION**

Tailing Address WHITE HOR-	SE RANCH OWNER	5 ASSOCIATION
PO BOX 1-70 2	DAWBY AZ (State)	86327
(City)	(State)	(Zip)
728- 999-9270 Telephone No. (Include Area Code)	928-999-9270	928-202-1390
		Pager/Cell No. (Include Area Code)
Email Address daylod @ n	PSD. COM	
Local Office Mailing Address	SAME (Street)	
(City)	(State)	(Zip)
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)
7 1 4 1 1		
mail Address	· · · · · · · · · · · · · · · · · · ·	
	AGEMENT INFORMATION	<u>ON</u>
MAN	NAGEMENT INFORMATION	
MAN Management Contact: Ed	Commins (Name)	PRESIDENT (Title)
MAN  Management Contact: Ed  Po Box 671  (Street)	CUMMINS (Name)  DEWEY	PRESIDENT (Title)
MAN  Management Contact: Ed  Po Box 671  (Street)	CUMMINS (Name)  DEWEY	PRESIDENT (Title)
MAN Management Contact: Ed	CUMMINS (Name)  DEWEY	PRESIDENT (Title)
MAN  Management Contact: Ed  Po Box 671  (Street)  928-632-7726  Telephone No. (Include Area Code)	Commins (Name)  Dewey (City)	(Title)  AZ 86327 (State) (Zip)
Management Contact: Ed  Po Box 671  (Street)  928-632-7726	NAGEMENT INFORMATION  COMMINS (Name)  DEWEY (City)  Fax No. (Include Area Code)	(Title)  AZ 86327 (State) (Zip)
MAN  Management Contact: Ed  Po Box 671  (Street)  928-632-7726  Telephone No. (Include Area Code)  Email Address  On Site Manager:	NAGEMENT INFORMATION  Comminus (Name)  DEWEY (City)  Fax No. (Include Area Code)	(Title)  AZ. 86327 (State) (Zip)  Pager/Cell No. (Include Area Code)
MAN  Management Contact: Ed  Po Box 671  (Street)  928-632-7726  Telephone No. (Include Area Code)  Email Address  On Site Manager:	NAGEMENT INFORMATION  COMMINS (Name)  DEWEY (City)  Fax No. (Include Area Code)	(Title)  AZ. 86327 (State) (Zip)  Pager/Cell No. (Include Area Code)
MAN  Management Contact: Ed  Po Box 671  (Street)  928-632-7726  Telephone No. (Include Area Code)  Email Address  On Site Manager: David  (Street)	NAGEMENT INFORMATION  CUMMINS (Name)  DEWEY (City)  Fax No. (Include Area Code)  (Name)  DEWEY (City)	(Title)  AZ 86327 (State) (Zip)  Pager/Cell No. (Include Area Code)  AZ 86327 (State) (Zip)
MAN  Management Contact: Ed  Po Box 671  (Street)  928-632-7726  Telephone No. (Include Area Code)  Email Address  On Site Manager:	NAGEMENT INFORMATION  CUMMINS (Name)  DEWEY (City)  Fax No. (Include Area Code)  (Name)  DEWEY (City)	(Title)  AZ 86327 (State) (Zip)  Pager/Cell No. (Include Area Code)  AZ 86327 (State) (Zip)

Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent:    Statutory Agent:   Statutory   Sta	Statutory Agent:	JAMES ATKINSON	J
Telephone No. (Include Area Code)  Attorney:  (Name)  (Street)  (City)  (State)  (State)  (State)  (Pager/Cell No. (Include Area Code)  Fax No. (Include Area Code)  Fax No. (Include Area Code)  (Street)  (City)  (State)  (Zip)  Telephone No. (Include Area Code)  Fax No. (Include Area Code)  Pager/Cell No. (Include Area Code)  Pager/Cell No. (Include Area Code)  Pager/Cell No. (Include Area Code)  Check the following box that applies to your company:  Sole Proprietor (S)  Partnership (P)  Subchapter S Corporation (C) (Other than Association/Co-op)  Partnership (R)  Receivership (R)  Limited Liability Company  Other (Describe)	1	(Name)	43 81303
Attorney:  (Name)  (Street) (City) (State) (Zip)  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  [A Please mark this box if the above address(es) have changed or are updated since the last filing.  OWNERSHIP INFORMATION  Check the following box that applies to your company:  Sole Proprietor (S) C Corporation (C) (Other than Association/Co-op)  Partnership (P) Subchapter S Corporation (Z)  Bankruptcy (B) Association/Co-op (A)  Receivership (R) Limited Liability Company  Other (Describe)	(Street)	(City)	(State) (Zip)
Attorney:  (Name)  (Street) (City) (State) (Zip)  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  [A Please mark this box if the above address(es) have changed or are updated since the last filing.  OWNERSHIP INFORMATION  Check the following box that applies to your company:  Sole Proprietor (S) C Corporation (C) (Other than Association/Co-op)  Partnership (P) Subchapter S Corporation (Z)  Bankruptcy (B) Association/Co-op (A)  Receivership (R) Limited Liability Company  Other (Describe)	928-445-5	870 928-708-000	7
(Street) (City) (State) (Zip)  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)	Telephone No. (Include Area Co	de) Fax No. (Include Area Code	Pager/Cell No. (Include Area Code)
(Street) (City) (State) (Zip)  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  Pager/Cel	Attorney:		
Telephone No. (Include Area Code)  Fax No. (Include Area Code)  Pager/Cell No. (Include Area Code)  Other (Describe)		(x table)	
Please mark this box if the above address(es) have changed or are updated since the last filing.    OWNERSHIP INFORMATION	(Street)	(City)	(State) (Zip)
Check the following box that applies to your company:  Sole Proprietor (S) C Corporation (C) (Other than Association/Co-op)  Partnership (P) Subchapter S Corporation (Z)  Bankruptcy (B) Association/Co-op (A)  Receivership (R) Limited Liability Company  Other (Describe)	Telephone No. (Include Area Co	de) Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)
Check the following box that applies to your company:  Sole Proprietor (S) C Corporation (C) (Other than Association/Co-op)  Partnership (P) Subchapter S Corporation (Z)  Bankruptcy (B) Association/Co-op (A)  Receivership (R) Limited Liability Company  Other (Describe)	Please mark this box if th	ne above address(es) have changed or ar	e updated since the last filing.
□ Sole Proprietor (S)       □ C Corporation (C) (Other than Association/Co-op)         □ Partnership (P)       □ Subchapter S Corporation (Z)         □ Bankruptcy (B)       □ Association/Co-op (A)         □ Receivership (R)       □ Limited Liability Company         □ Other (Describe)		OWNERSHIP INFORMATI	<u>ON</u>
□ Partnership (P)       □ Subchapter S Corporation (Z)         □ Bankruptcy (B)       □ Association/Co-op (A)         □ Receivership (R)       □ Limited Liability Company         □ Other (Describe)	Check the following box that a	applies to your company:	
□ Bankruptcy (B)       ✓ Association/Co-op (A)         □ Receivership (R)       □ Limited Liability Company         □ Other (Describe)	Sole Proprietor (S)	C Corporation (	C) (Other than Association/Co-op)
Receivership (R)  Limited Liability Company  Other (Describe)	Partnership (P)	☐ Subchapter S C	orporation (Z)
Other (Describe)	☐ Bankruptcy (B)	Association/Co-	op (A)
	Receivership (R)	Limited Liabilit	y Company
<u>COUNTIES SERVED</u>	Other (Describe)		
		COUNTIES SERVED	
Check the box below for the county/ies in which you are certificated to provide service:	Check the box below for the co	ounty/ies in which you are certificated to p	provide service:
☐ APACHE ☐ COCHISE ☐ COCONINO	<b>П</b> АРАСНЕ	☐ COCHISE	
☐ GILA ☐ GRAHAM ☐ GREENLEE	☐ GILA	☐ GRAHAM	
☐ LA PAZ ☐ MARICOPA ☐ MOHAVE	☐ LA PAZ	MARICOPA.	☐ MOHAVE
□ NAVAJO □ PIMA □ PINAL		☐ PIMA	☐ PINAL
☐ SANTA CRUZ ☐ YAVAPAI ☐ YUMA	☐ NAVAJO		
STATEWIDE		X YAVAPAI	☐ YUMA

## WHITE HORSE RANCH QUNER'S ASSOCIATION

#### **UTILITY PLANT IN SERVICE**

Acct.		Original	Accumulated	O.C.L.D.
No.	DESCRIPTION	Cost (OC)	Depreciation (AD)	(OC less AD)
301	Organization	4	e	e
302	Franchises	6		O
303	Land and Land Rights	0	O	0
304	Structures and Improvements	80 037	40.01850	40,01850
307	Wells and Springs	13.265	6.6325	6,63250
311	Pumping Equipment		0	0
320	Water Treatment Equipment	e	0	6
330	Distribution Reservoirs and Standpipes	0	0	0
331	Transmission and Distribution Mains	386 593	193 296,50 HO.01850	193296.50
333	Services	lob, 226	1 33, 11 3	33 113
334	Meters and Meter Installations	UNK	UNK	UNK
335	Hydrants	UNIK	UNK	DNK
336	Backflow Prevention Devices	Ø	0	0
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant	d	Ø	0
	TOTALS	546,121	273,06050	273060 50

This amount goes on the Balance Sheet Acct. No. 108

## CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation  Expense (1x2)
301	Organization	6	K	0
302	Franchises	0	0/	e
303	Land and Land Rights	l E	9	0
304	Structures and Improvements	80.037	50%	40,01850
307	Wells and Springs	13,265	50%	17.32
311	Pumping Equipment	UNIC	UNK	UNK
320	Water Treatment Equipment	0	0	6
330	Distribution Reservoirs and Standpipes	UNR	UNK	UNK
331	Transmission and Distribution Mains	386,593	50%	193,294 50
333	Services	66,226	50%	33 113
334	Meters and Meter Installations	UNK	UNK	UNK
335	Hydrants	UNK	UNK	UNK
336	Backflow Prevention Devices	UNK	UNK	UNK
339	Other Plant and Misc. Equipment	- C	e	E
340	Office Furniture and Equipment		1	,
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant	E	8	Ø
	TOTALS	546121	50%	273,000.50

This amount goes on the Comparative Statement of Income and Expense \_\_\_\_\_ Acct. No. 403.

## COMPANY NAME WHITE HORSE RANCH OWNER'S ASSOCIATION

### **BALANCE SHEET**

Acct		BALANCE AT BEGINNING OF	BALANCE AT END OF
	ASSETS	YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 203.145	\$ 223,182
134	Working Funds	50	A
135	Temporary Cash Investments	8	-6
141	Customer Accounts Receivable	3.085	10.496
146	Notes/Receivables from Associated Companies	398	6
151	Plant Material and Supplies	$\epsilon$	0
162	Prepayments	0	0
174	Miscellaneous Current and Accrued Assets	6	0
	TOTAL CURRENT AND ACCRUED ASSETS		
		\$ 206,681	\$ 233 678
	FIXED ASSETS		
101	Utility Plant in Service	\$	\$ 4
103	Property Held for Future Use	0	Ü
105	Construction Work in Progress	le l	S.
108	Accumulated Depreciation – Utility Plant	245,752	273,0605
121	Non-Utility Property		6
122	Accumulated Depreciation – Non Utility	K	-0
	TOTAL FIXED ASSETS	\$ 245,752	\$ 273,060
	TOTAL ASSETS	\$ 452 433	\$ 506 738

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

## **BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
	LIABILITIES	YEAR	YEAR
	CURRENT LIABILITES		
231	Accounts Payable	\$	\$3843
232	Notes Payable (Current Portion)	, ë	0
234	Notes/Accounts Payable to Associated Companies	NO.	0 0 .&
235	Customer Deposits	0	0
236	Accrued Taxes	0	.0
237	Accrued Interest	0	0
241	Miscellaneous Current and Accrued Liabilities	0	0
	TOTAL CURRENT LIABILITIES	\$ 6	\$ 3843
<u></u>	LONG-TERM DEBT (Over 12 Months)	· ·	
224	Long-Term Notes and Bonds	\$	\$ 6
	DETERMINE CONTINUES		
	DEFERRED CREDITS		Φ Φ
251	Unamortized Premium on Debt	\$ 0	\$ 6
252	Advances in Aid of Construction		1
255	Accumulated Deferred Investment Tax Credits	, ,	
271	Contributions in Aid of Construction		<u> </u>
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax	0 00	0
	TOTAL DEFERRED CREDITS	\$ 6	\$ 0
	TOTAL LIABILITIES	\$ 6	\$ 3843
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ 6	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$ 6	\$ 0
	TOTAL LIABILITIES AND CAPITAL	\$ 6	\$ 3843

#### COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 36 285	\$ 3,9331
460	Unmetered Water Revenue	<i>S</i>	le
474	Other Water Revenues	G G	0
	TOTAL REVENUES	\$ 36,285	\$ 39,331
	OPERATING EXPENSES	,	
601	Salaries and Wages	\$ 4200	\$ <, 200
610	Purchased Water	7,200	31
615	Purchased Power	2.063	1.550
618	Chemicals	2,000	108
620	Repairs and Maintenance	1 201	32,440
621	Office Supplies and Expense	443	1 1 9 4
630	Outside Services	2.3.79	2 3 3 9
635	Water Testing	1 725	1212
641	Rents	1,200	1,212
650	Transportation Expenses	595	1.009
657	Insurance – General Liability	7 774	1026
659	Insurance - Health and Life	×1321	1.46
666	Regulatory Commission Expense – Rate Case	166	P
675	Miscellaneous Expense		
403	Depreciation Expense	8	
408	Taxes Other Than Income	8,91	12,25
408.11	Property Taxes	6	121
409	Income Tax		1926
407	TOTAL OPERATING EXPENSES	\$ 51,499	\$ 50,005
		0	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	OPERATING INCOME/(LOSS)	\$ <15,214>	\$ < 10,674>
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$ 6	\$ 742
421	Non-Utility Income		1702
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense	E	0
127	TOTAL OTHER INCOME/(EXPENSE)	\$ 2	\$ 747
	TOTAL OTHER INCOME (EXTENSE)	+ 0	144
	NET INCOME/(LOSS)	\$ <15,214>	\$ < 9932>

## COMPANY NAME WHITE HORSE RANCH OWNER'S ASSOCIATION

## SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued	0	0	0	0
Source of Loan				
ACC Decision No.	,			
Reason for Loan				
Dollar Amount Issued	\$	\$	\$ 6	\$ 0
Amount Outstanding	\$ 0	\$ 5	\$ .	\$ 0
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$ 6	\$ 6	\$ -	\$ 6
Current Year Principle	\$.0	\$ 0	\$ -0	\$0

Meter Deposit Balance at Test Year End	\$ £	
Meter Deposits Refunded During the Test Year	\$ 0	

COMPANY NAME	WHITE	HERSE RANCH OWNERS ASSOCIATION
Name of System WHR	WELL : WATER-	ADEQ Public Water System Number (if applicable)
	,	01 000/00 000

#### WATER COMPANY PLANT DESCRIPTION

#### **WELLS**

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-558950	11/2	28	2/3	44	11/2"	1996
55-558950 55-558951	11/2	25	300	3 1/	1/2"	1997
-						

Arizona Department of Water Resources Identification Number

#### **OTHER WATER SOURCES**

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
		5	
		·	

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
83.000 GAL	/		
7000			

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	WHITE	HORSE RANCH	OWNERS	ASSOCIATION
Name of System WH	R Were War	EN System Public Wat	ter System Number (	(if applicable)
	1	/		0682.0000

### WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS			
	Material	Length	ſi

Size (in inches)	Material	Length (in feet)
2	C-900 P/C	1,300
3	<u> </u>	
4	C-700 PVC	8,587
5		·
6	C-900 PVC	15 585
8	C-900 PVC	12 993
10	_	
12		_

#### CUSTOMER METERS

METERS
Quantity
105
·

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:		
STRUCTURES: 2 WELL POMP SHEDS		
(		
OTHER:  1 83,000 GAL STORAGE TANK		
•		
·		

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: WHITE HORSE PANCH COUNER'S ASSOCIATION
Name of System WHRWER! WATER SysADEQ Public Water System Number (if applicable)
91-000123 0000

#### WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2006

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLONS PUMPED	GALLONS PURCHASED
		(Thousands)	(Thousands)	(Thousands)
JANUARY	85	363350	476724	Ø
FEBRUARY	87	392070	371640	
MARCH	95	346780	348590	\
APRIL	97	346170	343101	
MAY	98	432230	447228	
JUNE	100	691110	675286	
JULY	99	335930	363000	1
AUGUST	101	388450	431 500	
SEPTEMBER	102	576078	610 000	
OCTOBER	104	423842	454400	
NOVEMBER	104	447 730	518300	
DECEMBER	105	413310	552800	Ø
	$TOTALS \rightarrow$	5,157,050	5,592,569	0

What is the level of (If more than one well, p	arsenic for each well on y please list each separately.)	our system? <u>&lt;10 Prs/B1L</u> mg/l <10 Prs/B1C
		ow requirement? 600 GPM for 7 hrs
If system has chloridge ( ) Yes	· · · · · · · · · · · · · · · · · · ·	is treatment system chlorinate continuously?
Is the Water Utility ( ) Yes		ive Management Area (AMA)?
Does the Company ( ) Yes		Per Capita Per Day (GPCPD) requirement?
If yes, provide the	GPCPD amount:	<sup>7</sup> A
Note: If you are filing	for more than one system, pleas	e provide separate data sheets for each system.

## COMPANY NAME WHITE HORSE RANCH CHUMEN'S ASSOC YEAR ENDING 12/31/2006

PROPERTY TAXES		
Amount of actual property taxes paid during Calendar Year 2006 was: \$		
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.		
If no property taxes paid, explain why. No PROPERTY		
12		

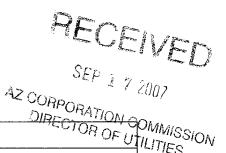
## COMPANY NAME WHITE HORSE RANCH OWNER'S ASSOCIATION EAR ENDING 12/31/2006

#### **INCOME TAXES**

For this reporting period, provide the following:	
Federal Taxable Income Reported Estimated or Actual Federal Tax Liability	PENDING, EXTENSION FILED
State Taxable Income Reported Estimated or Actual State Tax Liability	34,372
Amount of Grossed-Up Contributions/Advances:	
Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances	WENDER EXTENSION FILED
of the tax year when tax returns are completed. Pu any Payer or if any gross-up tax refunds have alrea	rill refund any excess gross-up funds collected at the close resuant to this Decision, if gross-up tax refunds are due to dy been made, attach the following information by Payer: unt of gross-up tax collected, the amount of refund due to or has made the refund to the Payer.
CERTIFICATION	
prior year's annual report. This certification is to b	
ED CUMMINS PRINTED NAME	PRESIDENT WHROA

#### VERIFICATION AND SWORN STATEMENT

**Intrastate Revenues Only** 



VERIFICATION

STATE OF

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) YAVAPA

NAME (OWNER OR OFFICIAL) TITLE

COMPANY NAME

SECRETARY TREASURER

WHITE HORSE RANCH CHINERS

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR 12 31 2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2006 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

(THE AMOUNT IN BOX ABOVE

INCLUDES \$ 2, 182

IN SALES TAXES BILLED, OR COLLECTED)

\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

OFFICIAL SEA BRENDA J. CROWTHER Mptary Public State of Arizona YAVAPAI COUNTY My Comm Expires Jany 20 MY COMMISSION EXPIRES "7

1390 202

TELEPHONE NUMBER

DAY OF

,20<u>/</u> ን

# VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE

**Intrastate Revenues Only** 

AZ CORPORATION COMMISSION

VERIFICATION

		"LITIES ON
STATE OF ARIZONA	COUNTY OF (COUNTY NAME)	
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL)  DAVID LODEN	FIRETARY TREASUROR
OF THE	COMPANY NAME WHITE HORSE RANCH OWNER'S ASSOCIATION	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR
12 31 2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### **SWORN STATEMENT**

(SEAL)

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE UTILITY OPERATIONS</u> RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2006 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES INCLUI	MOUNT IN BOX AT LEFT DES $\frac{2}{182}$ ES TAXES BILLED, OR COLLECTED)	
*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.  **GNATURE OF OWNER OR OFFICIAL		
<del></del>	928 20 2 <b>1</b> 390 TELEPHONE NUMBER	
SUBSCRIBED AND SWORN TO BEFORE ME	NOTARYPOBLIC NAME J. Crowther	
A NOTARY PUBLIC IN AND FOR THE COUNTY OF	COUNTY NAME VAPAL	
THIS 13 DAY OF	MONTH September ,2007	
	V	

OFFICIAL SEAL
BRENDA J. CROWTHER
EXPERS State of Arizona
YAVAPAI COUNTY
My Comm Expires Jan 1, 2013